



U.S. Application No. (if known, see 37 C.F.R. 1.50):

International Application No.: **PCT/IB2004/003097**

18. ☒ The following fees are submitted:

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Attorney's Docket No: **242/9-2224**

• **BASIC NATIONAL FEE [37 CFR 1.492(a)(1)-(5)]:**

CALCULATIONS

PTO USE ONLY

Basic National Fee.....				\$300.00		
Examination fee:						
___ International preliminary examination report prepared by USPTO and all claims satisfied provisions of PCT Article33(1)-(4).....				\$100.00		
___ All other situations.....				\$200.00		
Search Fee:						
___ Search Fee paid to the USPTO.....				\$100.00		
___ International Search Report Prepared and provided to the Office.....				\$400.00		
___ All other situations.....				\$500.00		
<b>ENTER APPROPRIATE BASIC FEE AMOUNT:</b>					<b>\$1000.00</b>	
Claims	Number filed	Number extra	Rate			
Total Claims	12 -20=	0 x	\$ 50. =			
Indep. Claims	1 -03=	0 x	\$ 200 =		<b>\$ 360.00</b>	
<input checked="" type="checkbox"/> Multiple Dependent Claim(s) (if applicable) + \$360.00						
<b>TOTAL OF ABOVE CALCULATIONS:</b>					<b>\$1360.00</b>	
Additional fee for specification and drawings filed in paper over 100 pages-\$250 for each additional 50 sheets of papers or fraction thereof.					<b>\$ 0</b>	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date [37 CFR 1.492(e)]					<b>\$ 0</b>	
<b>TOTAL OF ABOVE CALCULATIONS:</b>					<b>\$ 1360.00</b>	
Reduction by 1/2 for filing by small entity, if applicable. [Note 37 CFR 1.9, 1.27, 1.28]					<b>(\$680.00 )</b>	
<b>SUBTOTAL:</b>					<b>\$ 680.00</b>	
Processing fee of \$130.00 for furnishing the English Translation later than 30 months from the earliest claimed priority date [37 CFR 1.492(f)]						
<b>TOTAL NATIONAL FEE:</b>					<b>\$680.00</b>	
Fee for recording the enclosed assignment [37 CFR 1.21(h)] The assignment must be accompanied by an appropriate cover sheet (PTO-1595) [37 CFR 3.28, 3.31] \$ 40.00 per property +					<b>\$ 40.00</b>	
<b>TOTAL FEES ENCLOSED:</b>					<b>\$ 720.00</b>	
<b>Amount to be refunded/charged</b>						<b>\$</b>

☒ A check in the amount of **\$720.00** to cover the above fees is enclosed.

\_\_\_ The Commissioner is hereby authorized to charge the deposit account any other fees required with this submission or to credit any overpayment to Deposit Account No: 04-0838. A duplicate of this form is enclosed.

**SEND ALL CORRESPONDENCE TO: CUSTOMER NO. 28147**

William J. Sapone Reg. No 32518

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